

(FAMILY MEDICAL LEAVE ACT)

SECTION I: For Completion by the AGENCY

INSTRUCTIONS to the AGENCY: The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification. Please complete Section I before giving this form to your employee. While you are not required to use this form, you may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. § 825.309.

Part A—AGENCY'S INFORMATION	
Name and Address of Agency:	Agency Contact:

SECTION II: For Completion by the EMPLOYEE

INSTRUCTIONS to the EMPLOYEE: Please complete Section II fully and completely. The FMLA permits an employer to require that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can, terms such as “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. 29 C.F.R. § 825.310. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave. Your agency must give you at least 15 calendar days to return this form to your agency.

DEFINITION OF COVERED ACTIVE DUTY OF A MILITARY MEMBER:

1. Duty during deployment to a foreign country by a member of a regular component of the Armed Forces; or
2. Duty during deployment to a foreign country under a call or order to active duty (under a provision of law referred to in Section 101(a)(13)(B) of Title 10, United States Code) by a National Guard or Reserve member.

Part A—EMPLOYEE & COVERED MILITARY MEMBER INFORMATION					
(1) Name of Employee Requesting Leave to Care for Covered Military Member:			(2) Name of Covered Military Member (for whom employee is requesting leave to care):		
(First)	(Middle)	(Last)	(Employee ID #)	(First)	(Middle) (Last)
(3) Relationship of Covered Military Member to Employee:					
(4) Period of military member's covered active duty:					
(5) A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's covered active duty. Please check one of the following: <input type="checkbox"/> A copy of the military member's covered active duty orders is attached. <input type="checkbox"/> Other documentation from the military certifying that the military member is on covered active duty is attached. <input type="checkbox"/> I have previously provided my agency with sufficient written documentation confirming the military member's covered active duty.					
Part B—QUALIFYING REASON FOR LEAVE					
(1) Describe the reason you are requesting FMLA leave due to a qualifying exigency (including the specific reason you are requesting leave):					
(2) A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None available					

Part C—AMOUNT OF LEAVE NEEDED

(1) Approximate date exigency commenced:

(2) Probable duration of exigency:

(3) Will you need to be absent from work for a single continuous period of time due to the qualifying exigency? ☐ Yes ☐ No

(a) If so, estimate the beginning and ending dates for the period of absence:

(4) Will you need to be absent from work periodically to address this qualifying exigency? ☐ Yes ☐ No

(a) If so, estimate schedule of leave, including the dates of any scheduled meetings or appointments:

(5) Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (i.e., 1 deployment-related meeting every month lasting 4 hours):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours _____ day(s) per event.

Part D

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone or fax number or email address of the individual or entity). This information may be used to verify that the information contained on this form is accurate.

Name of Individual:

Title:

Organization:

Address:

Telephone:

Fax:

Email:

Description of nature of meeting:

Part E

I certify that the information I provided above is true and correct.

Signature of Employee:

Date: